

United States District Court

DISTRICT OF

Plaintiff

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

v.

Defendant

#191567

CASE NUMBER:

03 - 30283 - KPN

I, Juan Carlos Gamez pro se declare that I am the (check appropriate box)

petitioner/plaintiff/movant other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC. §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No" go to Part 2)

If "Yes" state the place of your incarceration Osborn Correctional Institution
335 Bilton Road, P.O. Box 100 Somers, Conn 06071
 Are you employed at the institution? No Do you receive any payment from the institution? No

Have the institution fill out the Certificate portion of this affidavit and attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? Yes No

a. If the answer is "Yes" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. if the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

1999 \$280 a week SALVATION ARMY
in Bridgeport, Conn.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "Yes" describe each source of money and state the amount received and what you expect you will continue to receive.

AO 240 (1/94)

4. Do you have any cash or checking or savings accounts? Yes No

If "Yes" state the total amount. INMATE ACCOUNT ~~XXXXXXXXXX~~

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? Yes No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

JOANNE Liscio, Jodi Liscio, Joshua Liscio, and
Jacob Liscio.

I declare under penalty of perjury that the above information is true and correct. , To the
best of my knowledge.

DATE

SIGNATURE OF APPLICANT

CERTIFICATE

(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 47.02 on account to his/her credit at (name of institution) CT Dept. of Correction. I further certify that the applicant has the following securities to his/her credit: _____

_____. I further certify that during the past six months the applicant's average balance was \$ 31.14.

11-6-03

DATE

SIGNATURE OF AUTHORIZED OFFICER

Lauren M. Margiary, FAO
Inmate Trust Fund

11/06/2003 14:23

DEPARTMENT OF CORRECTIONS

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CONNECTICUT DEPARTMENT OF CORRECTION
TRUST ACCOUNT STATEMENTOTRTASTA
4.10.0.0.9 TR

DOC: 0000191567 Name: GOMEZ, JUAN

DOB: 01/19/1967

LOCATION: 115-U

Max Date:

ACCOUNT BALANCES Total : 47.02 CURRENT: 47.02 HOLD: 0.00

06/06/2003 11/06/2003

SUB ACCOUNT START BALANCE END BALANCE
SPENDABLE BALANCE 0.00 47.02

DEBTS AND OBLIGATIONS

TYPE PAYABLE INFO NUMBER AMOUNT OWING AMOUNT PAID

TRANSACTION DESCRIPTIONS -- SPENDABLE BALANCE SUB-ACCOUNT

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
09/02/2003	OP	Re-Open Closed Account	0.00	0.00
09/02/2003	DAR	Admit Receipts 121 24219	22.41	22.41
09/02/2003	HOA	HOLD - FRANKLIN CNTY HOUSE	(22.41)	0.00
09/11/2003	DMR	Mail Receipts 121	25.00	25.00
09/11/2003	DMR	Mail Receipts 121	20.00	45.00
09/16/2003	HOR	Remove Hold	22.41	67.41
09/18/2003	CRS	CRS SAL ORD #1982695 D2	(20.55)	46.86
09/24/2003	CRS	CRS SAL ORD #1988593 D1	(19.47)	27.39
09/26/2003	CEC	CEC SAL ORD #1982695	20.55	47.94
09/30/2003	CRS	CRS SAL ORD #1999809 D1	(22.20)	25.74
10/02/2003	DSP	Inmate State Pay 121 092503	5.25	30.99
10/06/2003	CRS	CRS SAL ORD #2014290 D1	(19.24)	11.75
10/09/2003	WPHO	Photos SP 115	(3.00)	8.75
10/15/2003	CRS	CRS SAL ORD #2029074 D1	(6.11)	2.64
10/20/2003	CRS	CRS SAL ORD #2040563 D1	(2.42)	0.22
10/20/2003	DMR	Mail Receipts 115	50.00	50.22
10/27/2003	DSP	Inmate State Pay 115 101603	6.75	56.97
10/28/2003	CRS	CRS SAL ORD #2053766 D1	(49.34)	7.63
10/30/2003	WPHO	Photos SP 115	(6.00)	1.63
11/03/2003	DMR	Mail Receipts 115	50.00	51.63
11/04/2003	CRS	CRS SAL ORD #2065707 D1	(6.11)	45.52
11/05/2003	DSP	Inmate State Pay 115 103003	1.50	47.02

Please Acknowledge receipt of this
paper work! AND 'NEW ADDRESS'